

KENTUCKY DEPARTMENT OF INSURANCE PHARMACY MAC/PRICING COMPLAINT FORM

Please complete this information and submit by mail or fax to:

Health and Life Division
Kentucky Department of Insurance
P.O. Box 517
Frankfort, KY 40602-0517

GENERAL PHARMACY INFORMATION

Pharmacy Name: NPI #:

Pharmacist Name :

Pharmacy Address:

City: St: ZIP:

PSAO (if applicable):

PSAO Contact Person:

Mailing Address:

City: St: ZIP:

Phone: Fax: E-mail:

On behalf of the pharmacy, I certify that the information is correct:

Name: Title: Date:

Name of Insurance Provider:

Name (or Number) of Insurance Plan:

Pharmacy Benefit Manager's Name:

Were you a participating provider with this PBM on the dates of service? ☐ Yes ☐ No

Member's Name: Member ID #:

Member's DOB:

Is this an ERISA Plan (Employee Retirement Income Security Act of 1974)? ☐ Yes ☐ No ☐ I don't know

PHARMACY COMPLAINT FORM

Please complete and submit with General Pharmacy Information and copy this form if needed for additional dates of services. Please attach copies of all documentation necessary to explain and support your complaint.

Check ONE of the following:

☐ I have contacted my PSAO, [REDACTED], and a MAC appeal was filed with the PBM by the PSAO on (date) [REDACTED]. I have not received a response.

OR

☐ In accordance with my contract, a MAC appeal was filed directly with the PBM on (date) [REDACTED]. I have not received a response.

Rx#: [REDACTED] Rx Date/Date of Service: [REDACTED]
Product (name, strength, quantity): [REDACTED] NDC: [REDACTED]
Your Cost/Price Paid: [REDACTED] Your Reimbursement/Price Reimbursed: [REDACTED]
Amount of Loss: [REDACTED] Date of Initial Claim for Reimbursement: [REDACTED]
Date PBM responded to appeal (if response received): [REDACTED]

Check the following that apply:

- ☐ PBM did not respond to the appeal.
- ☐ PBM denied the appeal.
- ☐ PBM did not respond to the appeal within the statutory time frame.
- ☐ PBM did not provide reason for denial.
- ☐ PBM did not provide NDC number of a product that can be purchased at/or below the MAC price. PBM provided
- ☐ NDC number that is not available at a price at or below the MAC price.
- ☐ PBM granted appeal but did not apply retroactively.

Additional comments (if any):
(Limit 1000 characters)

Pharmacy Name: [REDACTED] Member Name: [REDACTED] Page [REDACTED] of [REDACTED]

DISCLOSURE OF SOURCE FOR DRUG PRICE DATA

Has the PBM disclosed in its contract the pricing indicies (national drug compendia or sources) used to calculate the reimbursement paid for drug products? ☐ Yes ☐ No

Comments:
(Limit 1000
characters)

MAC LIST

Has the PBM disclosed what drug products are subject to MAC and what the MAC is for each drug? ☐ Yes ☐ No

Is the PBM updating its MAC list at least every 14 days? ☐ Yes ☐ No

Is the PBM proving weekly updates to the list of drugs subject to the MAC and the actual MAC for each drug? ☐ Yes ☐ No

Comments:
(Limit 1000
characters)

Pharmacy Name:

Member Name:

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